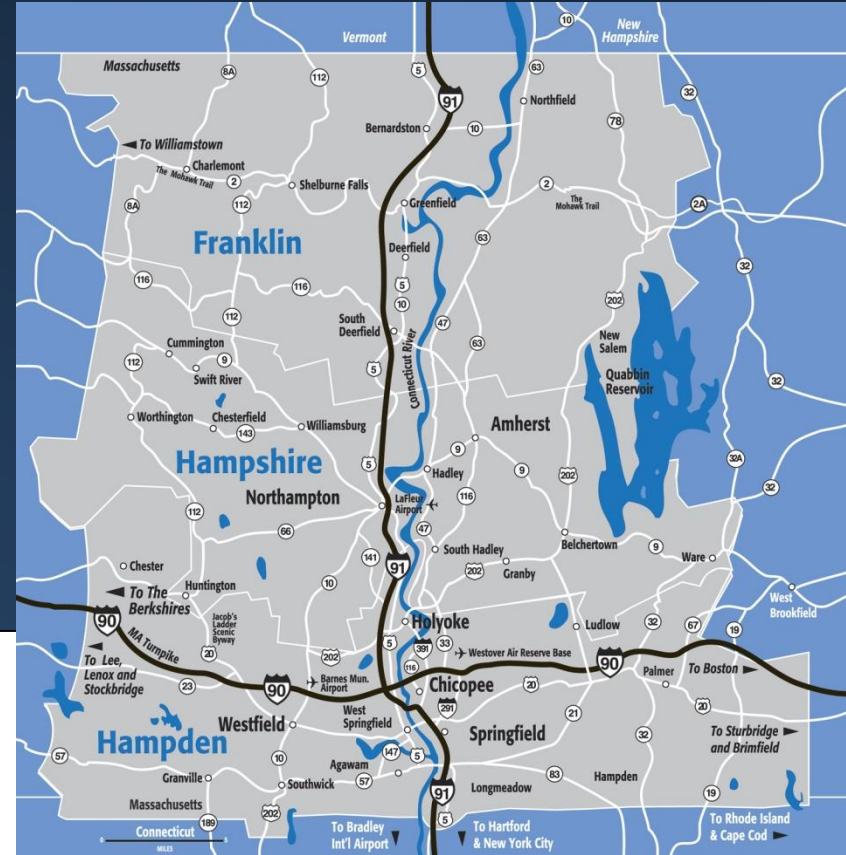




Photo by Heather Brandon



All roads lead home

THE PIONEER VALLEY'S PLAN TO END HOMELESSNESS

This plan has been supported by the Cities of Holyoke, Northampton and Springfield, MA, and funding from One Family, Inc.

February 2008

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executive summary

In November 2006, the Mayors of Holyoke, Northampton and Springfield began a conversation about homelessness in the Pioneer Valley, which led to a regional symposium that launched the year-long process that produced this plan. The planning group, co-chaired by Northampton Mayor Clare Higgins and Holyoke Mayor Michael Sullivan, ultimately drew on the knowledge and talents of more than 100 people throughout the Pioneer Valley, with input from Mayors or staff from four more towns and cities—Easthampton, Greenfield, Springfield and West Springfield—as well as from the offices of Senator John Kerry and Representative John Olver, and multiple state agencies, provider agencies, advocates, consumers, leaders of faith communities, educators, and business leaders. The work was done by workgroups that focused on Homelessness Prevention; Housing; Mainstream Services; Chronic Homelessness; and Data and Research. Additional consumer input was collected through interviews of homeless individuals and families. One Family, Inc provided funding support for this plan.

This plan reflects our collective commitment to end homelessness in our region in the next ten years. It sets forth six broad strategies encompassing more than 80 discrete action steps. We will ensure implementation of the plan through creation of the Pioneer Valley Committee to End Homelessness (PVCEH), a volunteer board reflecting community stakeholders, staffed with a full-time director. At the January 2007 Symposium, our regional legislative delegation pledged its support for our agenda.

Specific benchmarks we will achieve include:

PREVENTION: Creation of a collaborative prevention and rapid rehouse network, in which local, state and federal funds are allocated in a coordinated and easy-to-access manner, and which is supported by at least \$200,000 per year in flexible regional funds and \$150,000 per year in new funds for the Tenancy Preservation Project.

SUPPORTIVE HOUSING: Creation of 260 supportive housing opportunities for individuals; 50 supportive housing opportunities for families; and 4 small Safe Havens housing projects for seriously mentally ill individuals throughout the region.

AFFORDABLE HOUSING: Creation of a regional affordable housing plan and agenda which leads to development of 300 housing units throughout the Pioneer Valley which are affordable to households with incomes at or below 30% of area median income.

EMPLOYMENT: Development of employment and training collaborations involving the Regional Employment Boards, One-Stop Career Centers, employers and homeless providers which will enable at least 100 homeless and at-risk persons to obtain employment each year.

The principles that guide this plan:

- Our community's concern and respect for each of our neighbors, and understanding that it is less costly to end homelessness than to manage it, draws us together to **share the responsibility** of ending homelessness in our region.
- **Every community** in our region needs to contribute and be a part of the solution for us to end homelessness.
- Our region is enhanced by the **diversity of people who live here**, and we support people's opportunity to have stable housing in the community of their choice.
- Solutions to homelessness must be **housing-focused**.
- **Varied, flexible, and accessible supports** must be available to help people retain their housing.
- **Prevention** must be a key part of our strategy, because it is humane, cost-effective, and critical to ending homelessness.
- Strategies that **increase the incomes and assets** of our low-income neighbors provide long-term protection against risk of homelessness.
- The **level of support we provide to our neighbors should be matched to level of need**, and we should create uniform ways to quickly assess level of need.
- **Our plan's success** in increasing housing stability will be ensured through the setting of measurable goals; data collection & analysis; regular assessment of performance; and adjustment of strategies where necessary to achieve our goals.
- **Community education** is necessary to broaden our ability to create policy change at the local, regional, state and federal levels.

The Pioneer Valley

The Pioneer Valley is defined by the Connecticut River, flowing through our three-county area from Vermont to Connecticut. Throughout the region, we are connected by water, which begins in small tributaries and flows into our major river. This interconnectedness is reinforced by the highways that join our region north to south and east to west, and by the farms that supply locally grown food to city tables.

Our region is varied. Franklin County, to the north, is predominantly rural, with open fields and space between towns. Hampshire County, in the middle, is defined by academics, containing five major colleges and universities. And Hampden County, to the south, is predominantly urban, with a suburban ring around its cities. The region is full of natural beauty and cultural amenities, and is cherished by those who live here.

This plan recognizes that among our neighbors are people who live with the crisis of losing their housing. In the same way that we are connected and enhanced by our geography, we are connected and enhanced by community. Our region is strengthened when we see and address need within our community.

Homelessness in the Pioneer Valley

On a single night, January 30, 2007, there were more than 1000 of our neighbors in Franklin, Hampshire and Hampden counties staying on the streets and in shelters.¹ Of these, 349 were single individuals and 636 were persons in families.

Homelessness is a surprisingly frequent occurrence for people living in poverty: almost one in ten experience some homelessness each year. Most of these people fall into homelessness and get back out of it relatively quickly. Usually, homelessness is caused by economic hardship or crisis and is a one-time event.

Over the course of a single year, almost 5000 people in the Pioneer Valley region experience some period of homelessness.² Close to half of these are families with children.³

Homelessness Is Regional

The causes of homelessness are complex, and include both societal factors—such as housing costs that have outpaced income growth and the loss of manufacturing jobs—and individual factors. At the individual level, the causes of homelessness are most often associated with poverty and disability.

No community in our region is immune from these problems. Your town likely has **poverty** in its midst if it includes child care and retail workers, elderly people on fixed incomes, parenting college students, one-income families split apart by divorce, or young adults

with limited education. Your community is also likely to have people with **disabilities** that are severe enough to limit their ability to support themselves. These include people with chronic health problems, people with serious and persistent mental illness, and people with alcohol or drug dependencies.

All of these people throughout our region are at risk of homelessness.



Photo by Heather Brandon

¹ These numbers refer to the entire region, including Springfield.

² Number calculations are provided in Appendix B.

³ These are people in the three-county area who experience “literal” homelessness and spend time in shelters. It does not include the very large number of households that are doubled-up, or are otherwise precariously housed; these households are considered “at risk.”



Homelessness Is Not Just an Urban Condition

Homelessness occurs in the rural landscape of Franklin County, amidst the college towns of Hampshire County, and in the urban downtowns of Hampden County.

Homelessness in rural and semi-rural communities, like those in Franklin or Hampshire County, is partly defined by the landscape. Unlike urban communities, where homelessness requires living in public spaces, being homeless in Franklin or Hampshire County might include living in old tobacco barns or garden sheds, living in small encampments in the woods, or living in the floodplains and fields along the Connecticut River.

Sometimes called “hidden homelessness” due to its lack of visibility—and accompanying lack of awareness—non-urban homelessness has been on the rise in communities across the county. Research indicates that the rural hidden homeless are two to four times more likely to be living “doubled up” than their urban counterparts, and local data shows that 37% of people entering shelter in Franklin County have come from a doubled-up situation that could not continue.

Think homelessness is just in Springfield and Holyoke? Think again.

Families and individuals from all these villages and towns spent time in shelters in our region in 2006-07:

| | | | | |
|---|--|---|--|--|
| Agawam Amherst Ashfield Athol Belchertown Brimfield Charlemont Chesterfield Chicopee Colrain | Deerfield East Longmeadow Easthampton Florence Gill Granville Hampden Hatfield Hawley Heath | Holyoke Huntington Ludlow Millers Falls Monson Montague Northampton Northfield Orange Palmer | Pelham Rowe Shelburne Shelburne Falls Shutesbury South Deerfield Southampton South Hadley Southwick Springfield | Sunderland Turners Falls Ware Warwick Wendell Westfield Westhampton West Springfield Wilbraham Williamsburg |
|---|--|---|--|--|

Homelessness Knows No Boundaries

People who are homeless or at risk of homelessness come from every community, but they are unable to access services they need in some communities. Just as many of us who are not poor move to other places for education, jobs, or other opportunities, people in poverty go to places where they can access the services and supports they need.

In our region, many of the supports are located in Springfield and Holyoke, and, to a lesser degree, Northampton, Westfield and Greenfield. If you are disabled, you go to Springfield or Holyoke for disability benefits. If you need welfare or food stamps, you go to Springfield, Holyoke or Greenfield. And if you or your family becomes homeless, you most likely go to a shelter in Springfield or Holyoke.

There are a few small shelters in other towns: family shelter units in South Hadley, Amherst, Greenfield and Orange, and small shelters for individuals in Westfield, Turner's Falls, Northampton, and Easthampton. But the overwhelming majority of shelter beds are in Springfield and Holyoke.

Our towns attract people beyond the three-county area for services and other reasons. The VA Hospital in Northampton and some substance abuse facilities in Springfield and Holyoke serve a broad region that may extend beyond state borders. Northampton is believed to be a particular draw for homeless youth.

Wherever you start your homeless journey, you are likely to move—either for additional services or because you cannot or do not want to stay at the shelter you started in. Local data shows a regular ongoing movement of homeless people from one shelter to another, up and down the I-91 corridor. This movement extends homelessness because it interferes with efforts to achieve housing stability: caseworkers start over at each new shelter admission, homeless people lose ties to family and friends who may provide support, address changes mean lost mail, and health care and mental health services are interrupted.

What Causes Homelessness?

Staff notes from interviews
of people entering shelter

"Was abused by father, in state custody to age 18, can't stay with parents."

"Family kicked him out for being homosexual."

"He got laid off and two deaths in family. Wife wanted a divorce. His drinking and drugs got out of control."

"Father died and owed taxes on the house--so he was evicted."

"House foreclosed in 2002. Had physical and mental issues. Homeless since then."

"Was working at Wendy's and the store closed without notification."

"Roommates threw her out--they were uncomfortable with her bipolar status."

"Lost driver's license due to unpaid fines. Couldn't get to work. Also, has back problems."

"Mom passed away two years ago. Was living with grandparents-- they didn't want anything to do with him after he graduated high school--asked him to leave. Not enough money for his own place."

"My expenses were greater than my rent when my employer ended my long term disability."

Springfield and Holyoke have among the most entrenched poverty problems in the country, with 34 and 51 percent of their poor living in high-poverty neighborhoods. By comparison, New Orleans had a concentrated poverty rate of 38 percent on the eve of Hurricane Katrina. [Reconnecting Mass Gateway Cities, MassInc. 2007]

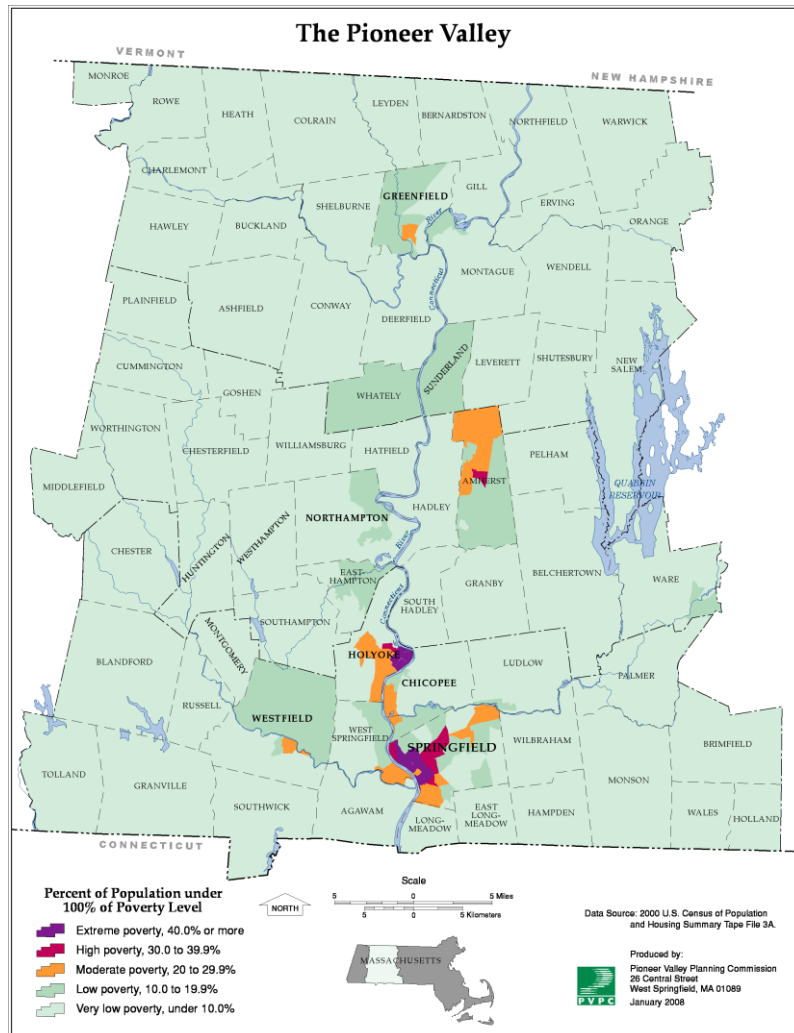
Concentrated Poverty

While homelessness touches virtually every community, some communities are more heavily impacted than others. The state has tracked last addresses for people entering shelter, and has identified ‘hotspots’--communities in which large numbers of families become homeless. **Springfield and Holyoke are two of seven hotspots statewide.**

Our existing housing options are structured in a way that concentrate poverty and disability. Our core cities, with their older housing stock and strained infrastructure and services, tend to provide housing to those with the least options.

The concentrated poverty of Springfield and Holyoke is a critical issue for the entire Pioneer Valley. Research indicates that, within metropolitan regions, the economic fortunes of one municipality are linked to the fate of the entire metropolis.⁴

It is beyond the scope of this plan to end poverty. But this plan does aim to end homelessness, the most shameful and visible face of poverty. Achievement of this goal throughout all of our cities and towns would stabilize troubled neighborhoods, improve the lives of our very poorest neighbors, and likely provide an economic boost for our region.



⁴⁴ Rusk, Inside Game/Outside Game: Winning Strategies for Saving Urban America, Brookings Institution Press, Washington, DC (1999).

Changing the Response

Homelessness presents as an immediate crisis. Locally and throughout the country, service providers and government agencies have responded admirably to the immediate needs of people on the streets with emergency shelter beds and services, saving many lives by doing so. Once people are in shelter, providers have focused on providing assistance to help move households from crisis state to 'housing ready,' when they are referred to permanent housing.

While this emergency response has eased some of the worst impacts of homelessness, it was not meant to and does not address the systemic causes of homelessness. This regional plan is a commitment to a **significant shift in our approach**, in which we will focus on the root causes of homelessness.

Instead of focusing all of our resources on crisis management, we will **prevent homelessness** in the first place. Instead of building our response around shelters, we will build it around **permanent housing**. And instead of assisting homeless households to a 'housing ready' state before graduation to



Photo by Heather Brandon

permanent housing, we will employ a **Housing First** strategy that starts with housing and provides wrap-around services as needed.

Our new approach is based on a detailed understanding of the categories of people who become homeless, and the strategies that work for each category, as set forth in the table below. We will carefully target interventions to need.

| Category | Type | Definition | Characteristics | Number | Strategies |
|------------------------------|------------------------------|--|--|---|---|
| Economic homelessness | Crisis | One relatively short-term, spell of homelessness | Individuals and families with job loss or primarily economic crises. | 75% of homeless individuals and 75% of homeless families | Prevention; Rapid Rehouse |
| | Short- or long-term economic | Unable to afford market housing | Families with limited skills & education; may remain in shelter for long periods | 20% of homeless families | Rapid rehouse; Short- or long-term housing subsidy, plus tools to increase income |
| Chronic homelessness | Episodic | Multiple episodes of homelessness | Individuals & families with multiple needs; often with substance abuse problems. | 9-16% of homeless individuals, 5-8% of homeless families | Housing First; Supportive housing; Discharge planning |
| | Long-term | Homeless for a year or longer | Usually older individuals with multiple disabilities | 4-10% of homeless individuals. | |

Crisis & Economic Homelessness

Homelessness is strongly correlated with extreme poverty. Households with incomes at or below 30% of the area median income are at highest risk. In our region, these extremely low-income households have monthly incomes below \$1300 in Hampshire and Franklin Counties, or \$1100 in Hampden County. These households include all families on welfare, individuals whose sole source of income is Social Security disability payments, and full-time minimum wage earners. Earning just above the 30% mark—if they are able to get full-time hours—are child care workers, personal care attendants, short-order cooks, crossing guards, pharmacy aides, housekeepers, retail workers and gas station attendants.⁵



Photo by Heather Brandon

Our region has 19,500 extremely-low-income households that are paying more than 50% of their income for rent, an indication that they do not have a housing subsidy. The mismatch between income and housing cost makes these households one crisis away from homelessness.

Housing-Income Mismatch

At 30% of area median income, market rents are not affordable. In the Pioneer Valley region, the HUD-established Fair Market rent is \$844 per month for a two-bedroom unit. Exacerbating the problem, there are few communities with rents in this range, which is based upon a regional median rent. Two-bedroom apartments in Northampton and Amherst rent for more than \$1000, and many communities are made up almost entirely of detached houses, which typically rent for more. Without a housing subsidy, extremely low-income households must spend virtually all their income for housing; live in substandard housing; or double-up with other households in overcrowded housing.

Prevention and Rapid ReHouse

For those who experience homelessness as an economic issue, the most cost-effective response is **prevention**, such as cash assistance for rent or utility arrearages. A related strategy, when homelessness cannot be prevented, is **rapid rehouse**, a collection of strategies designed to move households quickly to new housing.

⁵ Bureau of Labor Statistics, May 2006 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Springfield Metropolitan Area

Prevention and rapid rehouse programs are highly effective, and relatively inexpensive. A recent study of Massachusetts prevention programs found that the average cash assistance grant to families was less than \$1700, the average cash assistance to individuals was less than \$800.⁶ Hennepin County, Minnesota, has developed a rapid rehouse program which has reduced shelter length of stay by half and has reduced the number of families in shelter by 63%.⁷

In contrast, Massachusetts pays an average of \$2940 per month to maintain a homeless family in shelter, not including case management or health-related expenses. Of the roughly 2,900 homeless families in Massachusetts, almost 25% stay in shelters for 15 months, which costs nearly \$50,000 per family. One of the most disturbing facts about the cost of long-term stayers in shelters is that the families that stay the longest seem to be in shelter due primarily to economic reasons—they have low incomes but do not have high service needs.⁸

Homeless children have the right to remain in the school they were in prior to becoming homeless. This policy increases stability in the child's life, but the required cost of transporting homeless children to school is high: last year, the cost to school districts in our region was more than \$1,000,000.⁹

High rates of homelessness have a destabilizing impact on communities. One elementary school in downtown Holyoke, a community with a high number of family shelters, started

the 2007 school year with 20% of its student body living in shelter or other temporary housing. Some neighborhood schools experience a 25-35% turnover rate in the student population during the school year. The transience these numbers reflect makes teaching very difficult, negatively impacts school test scores, and is reflected in high drop-out rates.



Long-Term Solutions

The long-term solutions to the housing-income mismatch are increasing incomes and decreasing housing cost. This plan identifies strategies to do both.

Increased income starts with education at the earliest level, and continues with skill training and employment opportunities. Increasing our stock of deeply subsidized housing will stabilize those unable to increase incomes, and those in the process of increasing education and skills.

⁶ Haig Friedman et al., 2007, *Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis*, The Boston Foundation and the McCormack Graduate School.

⁷ Burt et al. 2005, *Strategies for Preventing Homelessness*, U.S. department of Housing and Urban Development, Office of Policy Development and Research.

⁸ Culhane, D.P. (2006) *Testing a typology of family homelessness in Massachusetts: Preliminary Findings*. Proceedings from the Ending Homelessness, Housing First in Policy and Practice Conference, Worcester, MA.

⁹ See Appendix B for a breakdown by school district.

Chronic Homelessness: Long-Term & Episodic

A subset of the homeless population is chronically homeless, which is associated with abuse during childhood, interaction with the foster care system, serious and persistent mental illness, chronic illness, substance abuse or co-occurring mental illness and substance abuse.

Individuals

In our region, among individuals, the chronic homeless make up **about 25% of the population**. A number of studies have documented that individual chronic homelessness is **extremely expensive** for the community. One study found that frequent interaction with emergency systems of care, including hospital emergency room, jail, detox programs and crisis psychiatric care averages more than \$40,000 per chronic homeless person per year.¹⁰ The costs associated with some individuals are extraordinarily high. In Springfield, Baystate Hospital found that the hospital costs associated with the visits of 10 high-frequency/high-need chronically homeless individuals averaged \$100,000 per person over the course of one year. Chronic homelessness has a **very high human cost** as well, as is indicated by the fact that the average age of death individuals who have died while homeless is 48.

Families

The **5-8% of homeless families** with high service needs do not have long shelter stays, a phenomena believed to be associated with an inability to comply with shelter rules and a fear of having children removed from the family. Instead, these families exhibit chronic housing instability. This instability, combined with family disabilities or substance abuse, can be particularly damaging to children.

For high-need families, the public cost is primarily due to impacts other than shelter. Housing instability can be a contributing factor for removal of a child to foster care, and it can prolong foster care placements when a parent lacks appropriate housing. The cost of foster care in Massachusetts is \$6552 per child per year. When a mother of two goes to shelter and the children to foster care, the annual cost is over \$22,000, not including services to any family members.

Chronic Homelessness, Defined

Individuals. According to the US Department of Housing and Urban Development, a *chronically homeless* person is an individual with a disabling condition who has been *continuously homeless for a year* or has had *at least four episodes of homelessness in the past three years*. This definition includes both long-term and episodic individuals.

Families. According to the US Substance Abuse and Mental Health Administration, a *chronically homeless family* is one in which there is an adult with a disabling condition and has been *continuously homeless for six months*; or has had *two or more episodes of homelessness in the past two years*; or has had a *history of residential instability* (5 or more moves in the past two years)

¹⁰ Culhane et al. 2002, *Public Service Reductions Associated With Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*. Housing Policy Debate 13(1): 107-163.



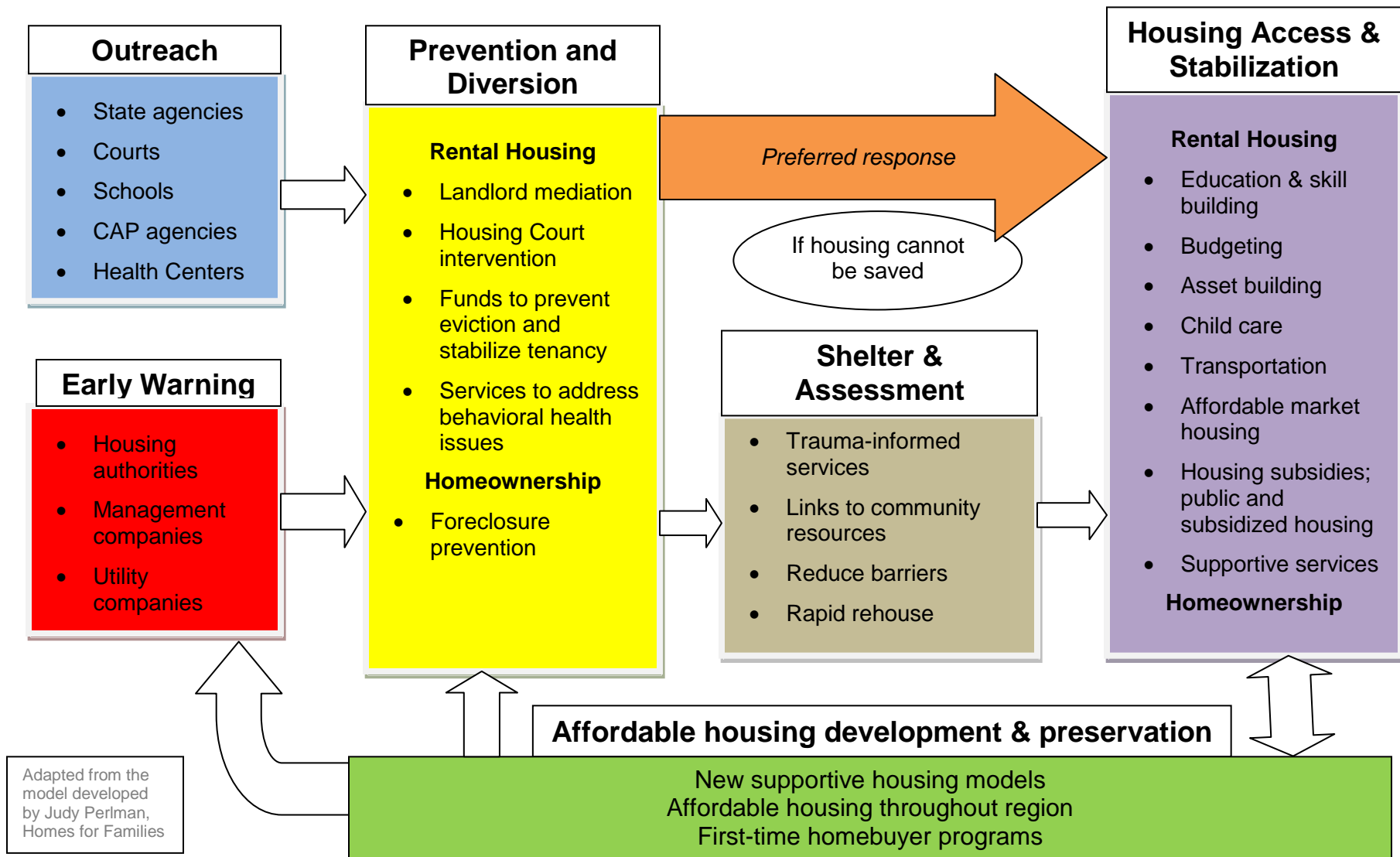
Photo by Heather Brandon

While it is true that all homelessness negatively affects emotional and physical well-being, these effects are compounded by chronic instability. Homeless children suffer very high rates of chronic illness, including asthma rates four times the rate of housed children. Close to half of homeless children have problems with depression, anxiety, or withdrawal, and school-age homeless children have high rates of delinquent behavior and lower rates of school completion.

Housing First & Supportive Housing

Immediate movement from homelessness to affordable housing with supportive services—**Housing First**—is an extremely effective tool for stabilizing individuals and families that experience chronic homelessness. While this strategy may appear costly—about \$16,000 per year for a chronically homeless individual—the cost is far less than the cost of emergency services if homelessness continues. In this model, chronically unstable individuals and families are provided with a deeply subsidized housing unit and wrap-around supportive services, which may include case management, health and mental health care, drug and alcohol counseling, job counseling and placement, life skills classes, financial literacy training, parenting classes, children's program and support groups. Studies have demonstrated that more than 80% of households served in a Housing First model achieve and maintain housing stability.

A HOUSING-FOCUSED RESPONSE TO HOMELESSNESS



Pioneer Valley Strategies to End Homelessness

Ending homelessness requires concentrated focus on three areas: **closing the front door to homelessness**, or stopping homelessness before it occurs; **opening the back door out of homelessness**, or helping people who are homeless to access appropriate housing and services as quickly as possible; and **building the infrastructure**, or improving the safety net for our most at-risk neighbors.

Rates of homelessness are influenced by local, regional, state and federal policies. Individual actions are also a factor. This plan sets forth the strategies that must be implemented at the local and regional levels to end homelessness. We recognize that we must have support at the state and federal levels to be successful. Our plan builds on the same strategies as the recently-released Massachusetts state plan, and we will partner with the state to accomplish these common goals. We know that to increase government funding at all levels, and particularly to increase federal funding for affordable housing, we must build political will. Our plan calls for building **community support in order to influence policy and funding priorities**.

We reflect these broad themes in our **six key goals**, which are expanded upon in the pages that follow:

1. Build **Community Support** for Ending Homelessness
2. Fund and Coordinate **Prevention and Rapid Rehouse**
3. Create **Supportive Housing** for Vulnerable Populations
4. Increase the Stock of **Affordable Housing** for People At or Below 30% Area Median Income
5. **Increase Incomes and Assets** of Homeless and At-Risk Households
6. Make **Supportive Services** Available and Accessible

We have **planned for outcomes**, by setting forth specific strategies, action steps, responsible parties and timelines. We will **measure our progress** through our Homeless Management Information System (HMIS), and will regularly report on our progress and adjust our strategies as necessary. We commit to establishment of an ongoing and active Pioneer Valley Committee to End Homelessness to provide oversight to our efforts and to **ensure accountability**.

1. Build Community Support For Ending Homelessness

Homelessness impacts everyone, due to its high public and human cost. Those involved in this planning process represent a core group who have come together to create a plan. An early part of our work will be reaching out and engage others who have not understood homelessness to be their problem. Participation by all communities in the region is essential to our success. We will reach out to our neighbors by **systematically seeking support** for our plan in our neighboring communities and engaging them in the plan's strategies.

Implementation of this plan is an active process, which requires advocacy for system change, funding shifts, creation of new programs and housing units. This process will not happen on its own. We will establish a **Pioneer Valley Committee to End Homelessness (PVCEH)** to lead and oversee this effort. We will specifically seek support from business, to assist us in being strategic and efficient in our efforts. We will look to our colleges and universities for greater understanding of this social problem, and for strategies to enhance academic opportunity. We look to faith communities to remind us of the moral imperative of ensuring that none of our neighbors are without a home.

"The business mindset to solutions is vital to get the job done."

--Philip Mangano, Director, US Interagency Council on Homelessness



Many different government bodies and foundations provide funding that addresses aspects of homelessness. We will work to bring those funders together to collaborate on funding priorities to support a unified strategy to end homelessness.

We look to bring significant new funds into this effort. To justify funding increases, we must demonstrate our results and **be accountable** to the regional community. We will seek to inform the community through frequent press coverage of our effort, and we will regularly report on our successes and challenges.

THE IMPORTANCE OF DATA

Local data both informs us in creating response to homelessness and in measuring the effectiveness of our approaches. A **Homeless Management Information System (HMIS)** gives us a tool for data collection and analysis. HMIS, which is required for HUD-funded programs, is a means of collecting community data about persons experiencing homelessness. We recognize that HMIS costs money. We commit to **collectively invest in a HMIS** for our region.

Strategies to Build Community Support for Ending Homelessness

Indicators:

- Pioneer Valley Committee to End Homelessness established and meeting regularly
- Combined HMIS established and data analyzed

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|--|---|------------|----------------|-----------------------|
| Provide ongoing leadership to implement the plan | Create Pioneer Valley Committee to End Homelessness (PVCEH) to implement plan | Mayors, City staff, Leadership Council | Year 1 | No cost | N/A |
| | Recruit Mayors, Town Managers, Select Board members, city councilors, business leaders, faith community leaders, foundations, advocates, persons who have experienced homelessness, state and local government agencies, and state legislators to participate on PVCEH | Mayors, City staff, Leadership Council | Years 1-2 | No cost | N/A |
| | Raise funds for and hire a director of implementation | PVCEH | Year 1 | \$70,000 | Unidentified |
| | Organize Homeless Funders Collaborative to align funding with goals of plan | PVCEH | Years 1-2 | No cost | N/A |
| Educate community about regional plan to end homelessness | Produce and distribute summary marketing piece about regional plan | PV CEH, local governments | Year 1 | Limited | In-kind or foundation |
| | Organize an education session for state & federal legislators | PVCEH, local governments | Year 1 | No cost | N/A |
| | Seek endorsements of plan from Pioneer Valley communities and organizations | Mayors, PVCEH | Years 1-3 | No cost | N/A |
| | Organize speaking opportunities for plan leadership to present plan throughout region | PVCEH | Years 1-3 | No cost | N/A |
| | Educate public about homelessness and poverty in the context of faith and spirituality | Interfaith Councils, Councils of Churches, clergy associations, faith communities | Years 1-10 | No cost | N/A |
| | Create web site with information about plan, progress, resources to assist people experiencing homelessness, and volunteer opportunities | PVCEH | Year 2 | Limited | In-kind or foundation |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|--|--|-------------------------------------|--------------------|--------------------|-------------------------------------|
| Engage community in supporting effort to end homelessness | Seek regular press coverage of events and achievements related to plan | PVCEH, local governments | Years 1-10 | No cost | N/A |
| | Provide annual report to the public of plan accomplishments and progress toward reducing homelessness | PVCEH | Years 1-10 | \$1000/year | In-kind or foundation |
| | Collaborate with faith communities in the work to end homelessness | PVCEH, faith communities | Years 1-10 | No cost | N/A |
| | Conduct an annual Project Homeless Connect event, produced and staffed by community volunteers | PVCEH, Springfield PHC leadership | Annually | \$10,000/year | Corporate donations |
| | Expand volunteer opportunities in agencies that serve or advocate for homeless and at-risk households | PVCEH, nonprofits | Ongoing | No cost | N/A |
| Use data collection and analysis to improve effort to end homelessness in the Pioneer Valley | Establish an HMIS throughout the region, either through a mechanism that unduplicates data for Springfield & the 3-County CoC, or is a new combined HMIS | PVCEH, CoCs, PVPC | Year 1 and ongoing | Unknown | HUD, local governments, foundations |
| | Require all providers to submit data as condition of funding | CoCs, local government, foundations | Ongoing | No additional cost | N/A |
| | Fund and hire data coordinator | PVCEH, CoCs | Year 2, ongoing | Unknown | To be determined |
| Recalibrate plan regularly to ensure that goals are relevant and being met | Analyze data and use results to make adjustments to plan | PVCEH, CoCs | Ongoing | No additional cost | N/A |
| | Develop tools for regular feedback from providers and service participants and address action plan accordingly | PVCEH, CoCs | Ongoing | No cost | N/A |

2. Coordinate And Fund Prevention And Rapid Rehouse

Prevention and Rapid ReHouse

One of our major initiatives is a commitment to coordinate and seek funds for **prevention and rapid rehouse**. This includes the establishment of a regional network of coordinated agencies to provide prevention and rapid rehouse services, and a commitment to a community fundraising effort.

For most households that experience homelessness, it is a one-time, relatively short-term event. We seek to prevent much of this homelessness through **prevention strategies**. Unfortunately, some households will not access or not be able to be assisted by prevention resources, and will become homeless. Our goal for these households is to assist them in getting **back into stable housing as soon as possible**.



Homeless and at-risk households must be able to access affordable housing resources. We will target resources to those households where possible; we will make housing information readily available; we will provide assistance to those households that are “hard-to-house”; and we will reach out to landlords with information about supportive services to assist these households in maintaining stability.

An important part of a prevention and rapid rehouse strategy is screening to differentiate each household’s level of need and offer the right amount of assistance that corresponds to that need. Use of screening tools can assist in making the match between need and intervention. We endorse the state’s decision to use a **Uniform Assessment Tool**, and commit to shift to use of such a tool in our local programs.

Behavioral Health Issues

Our region is fortunate to have created an approach that is now a national model for connecting supportive services to tenants with behavioral health problems that interfere with tenancy—the Tenancy Preservation Project. TPP works in Housing Court to provide tenants with intensive case management in order to prevent eviction. We support **continuation and expansion of TPP**.

Strategies to coordinate and fund prevention and rapid rehouse

Indicators:

- Reduce number of people entering shelter for the first time
- Reduce average length of stay in emergency shelter

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|---|--|-------------------------------|----------------------------------|---|
| Coordinate prevention and diversion efforts through a Regional Coordinating Network | Bring together stakeholders to form a Regional Coordinating Network (RCN), choose lead agency to apply for pilot funds from DTA; designate PVCEH as RCN's Advisory Council | PVCEH, CoCs, WM Interagency Council | Year 1 | Limited | Foundation, local governments |
| | Adopt uniform screening tool and standards for participating entities; train other providers on screening tool and reason for it | RCN | Years 1 & 2 | No cost | N/A |
| | Coordinate intake and referral protocols to make prevention assistance accessible to those most in need; coordinate with food pantries, utility assistance programs, DTA offices and health clinics | RCN | Year 1 and ongoing | No cost | N/A |
| | Require providers to enter data into HMIS so that success and challenges of interventions can be tracked | CoCs, state and local governments, HMIS coordinator, foundations | Year 2 and ongoing | Unknown | N/A |
| Increase and improve prevention, diversion and rapid rehouse efforts | Identify and seek financial resources to use for homelessness prevention and rapid rehouse, including a regional fundraising effort | PVCEH, United Way, faith communities | Begin years 1-2, then ongoing | Initial goal: \$200,000 per year | Fundraising; CPA, FEMA, HOME, CDBG, ESG, DTA, DSS |
| | Identify and seek commitments for housing resources to use for homelessness prevention and rapid rehouse | PVCEH | Begin years 1-2, then ongoing | Unknown | DHCD; DTA, DSS, housing authorities, governments, landlords |
| | Expand Tenancy Preservation Project | MHA, DMH | Ongoing | \$150,000 annually | DMH, DTA, DHCD, local governments, foundations |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|--|--|--|--------------------|-----------------------------|---|
| Leverage prevention resources through coordination with other programs | Screen recipients for eligibility for all income-assistance and in-kind assistance available, and assist with appropriate applications and referrals | Prevention & Rapid Rehouse Providers; other providers | Year 2 and ongoing | No cost | N/A |
| | Make financial education/counseling available; consider incentives or requirement for receipt of certain types of assistance | Prevention & Rapid Rehouse Providers; CAP agencies, nonprofits | Year 2 and ongoing | Unknown | Financial institutions; foundations |
| | Combine financial assistance with financial education—for example, Housing Authorities forgive some arrearage upon completion of budgeting/financial information class | Prevention & Rapid Rehouse Providers; Housing Authorities; CAP agencies, nonprofits | Year 3 and ongoing | Unknown; depends on program | Housing Authorities, utility companies, others |
| | Screen prevention/rapid rehouse households for earning capacity, and link to employment and training resources | Prevention & Rapid Rehouse Providers; One-Stop Centers; community colleges | Year 2 and ongoing | No cost | N/A |
| Make prevention and rapid rehouse information readily available | Create and widely distribute informational materials targeted to tenants and to landlords | PVCEH, CoCs, nonprofits, Housing Court, legal services | Year 3 | Limited cost | Seek in-kind donations; foundations |
| | Advocate with early warning sites to make prevention and rapid rehouse information readily accessible to those they serve, and to screen regularly for housing stability | PVCEH, CoCs, nonprofits, Housing Court, health clinics, utility companies, landlords, schools | Year 4 | Limited cost | Seek in-kind donations; foundations |
| Increase access of homeless and at-risk households to affordable housing opportunities | Provide information and training for landlords and for tenants | CoCs, Housing authorities, nonprofits, landlord associations, local governments, Housing Court, legal services | Years 1-10 | Limited cost | Housing authorities; nonprofits; landlord associations; foundations |
| | Create programming for “hard-to-house” households, who have barriers to housing (CORI, credit), but do not need intensive supportive services | PVCEH, Housing authorities, nonprofits, faith communities | Year 2, ongoing | Unknown | Nonprofits; local governments; foundations |

3. Create Supportive Housing For Vulnerable Populations

Housing First/Supportive Housing

In our region, **about 520 individuals and up to 100 families** who experience homelessness are **chronically homeless**.

We are embracing a proven strategy for addressing chronic homelessness: **Housing First**.

Housing First providers move homeless people directly into affordable housing and then provide individualized, home-based social services support after the move to help the person or family transition to stability.

Our region needs **520 supportive housing units for chronically homeless individuals** and **100 supportive housing units for chronically homeless families**. In its Homes Within Reach plan, Springfield has committed to develop about half of these units. This regional plan is a commitment to develop the rest of these units dispersed **throughout the Pioneer Valley**.



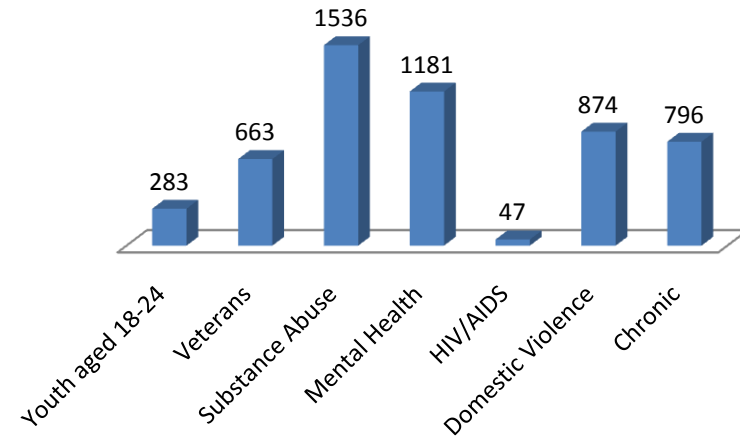
Photo by Mike Cass

Who Is Vulnerable to Homelessness?

There are certain populations that are at high risk for homelessness, and that are more prone to chronic homelessness.

Number of Vulnerable Individuals

All 2006 Pioneer Valley Homeless



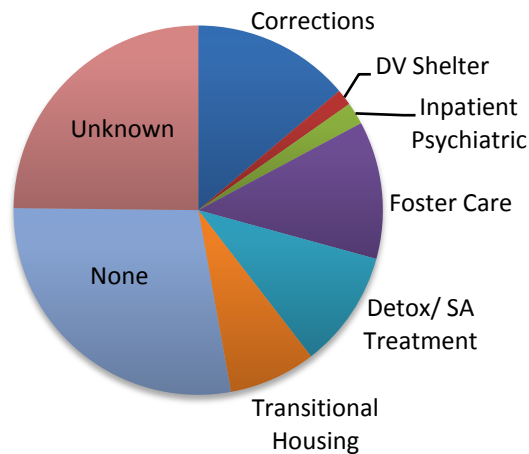
Note: Rates of HIV/AIDS likely to be artificially low due to under-reporting.

Some people are vulnerable because of experiences they have had, including victims of domestic violence and veterans. Specific housing and targeted assistance can stabilize these individuals and their families.

Many people who are vulnerable interact with public systems of care, such as correctional facilities, mental health and substance abuse programs, and the foster care system. The time of discharge from these systems is a time when homelessness is likely to occur, so careful discharge planning and creation of appropriate housing models is critical for stabilization of these individuals. These **public systems must play a role to ensure housing stability for persons in their care.**

Discharged Into Homelessness

Adults, Springfield Point-in-Time, January 30, 2008



Housing Models

No one housing model can work for all vulnerable individuals and families. The region must use and develop an **array of housing types**, which may include public housing, privately owned rental housing, single person occupancy units, boarding houses, shared living arrangements, safe haven models and respite facilities. These models may be created by targeting subsidies, rehabilitating existing housing resources, or through new development.



Photo by Mike Cass

There is a need for **greater connection between housing and service providers**. Homeless service providers must consider developing their own housing or entering into partnerships with developers in order to meet the region's need for supportive housing units.

Strategies to create supportive housing for vulnerable populations

Indicator:

- Reduce the number of chronically homeless individuals and families

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|--|---|--|---------------------------------|--|---|
| Provide Housing First opportunities for 260 chronically homeless individuals and 50 chronically homeless families, throughout the Pioneer Valley, outside of Springfield | Develop 130 permanent supportive housing opportunities throughout the region for long-term homeless individuals | PVCEH, CoCs, nonprofits, for-profit developers, financial institutions, state and local government | Years 1-10; average 13 per year | \$40 million capital cost for 200 units; remaining units to use subsidies in existing units; <i>plus</i> \$4.96 million per year to fund supportive services | HUD, DHCD, DMH, DPH, DTA, DSS, DYS, DOC, Foundations, tax credit equity, CEDAC, Home Loan Bank Board, MassHousing, financial institutions |
| | Develop 130 supportive housing opportunities throughout the region targeted to episodically homeless individuals, which shall be provided as a combination of “low demand” housing, single person occupancy units, Oxford houses (sober housing), or other models | | Years 1-10; average 13 per year | | |
| | Develop 50 permanent supportive housing opportunities throughout the region for families with mental illness or chemical dependency | | Years 1-10; average 5 per year | | |
| | Advocate with housing authorities, city governments, and DHCD to create housing set-asides and to identify and use under-utilized public housing units for supportive housing | PVCEH, CoCs, housing authorities | Years 1-3 | No new cost | HUD, DHCD |
| | Advocate for Sheriff’s Departments, DSS, DYS, DMH, DMR, DPH, VA and independent living programs to provide housing to persons in their care, and collaborate with these entities on supportive housing models | PVCEH, CoCs, WM Interagency Council | Years 1-5 | Unknown | DOC, DSS, DYS, DMH, DMR, DPH, VA, independent living programs |
| | Develop 4 new Safe Havens projects, located in different communities in our region | DMH, MHA, PATH, nonprofits, housing authorities | Years 1-8 | \$5-700,000 capital cost, \$250,000/yr. operating | HUD, DMH, DHCD, MassHousing |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|---|--|------------|---------------------------------------|------------------------------|
| Target available resources to services in supportive housing | Maximize available McKinney dollars by targeting them to housing activities and matching with other sources for supportive services | CoCs | Years 1-10 | Changed funding priority | HUD |
| | Advocate for increased Department of Mental Health Homeless Initiative funding | PVCEH, CoCs, DMH, WM Interagency Council | Year 1-10 | Seeking additional \$260,000 per year | DMH |
| | Fully utilize Massachusetts Behavioral Health Partnership services | MBHP, Housing First providers | Years 1-10 | Unknown | MassHealth |
| | Use Medicaid and other health funding, and targeted service dollars to provide case management and supportive services linked to appropriate housing | Housing First providers | Years 1-10 | No additional local cost | MassHealth, health insurance |
| Create specialized housing options for very hard to house populations | Advocate for systems of care to create housing for very hard to house populations, particularly Level III sex offenders, highlighting the burden these populations place upon shelter providers | PVCEH | Years 1-3 | Unknown | DOC, others |

Program Highlight: REACH Housing First Program

The Regional Engagement and Assessment Center with Housing (REACH) program, a local pilot begun in 2006, has been successful in stabilizing the most hard to engage homeless population in supportive housing. REACH uses flexible funds for outreach and housing support for chronically homeless individuals who are not affiliated with existing programs and agencies. Because there is no requirement for affiliation, outreach workers can begin to engage and house homeless individuals without regard to diagnosis or eligibility criteria.

The program, which serves 12 individuals, is collaboration between the Mental Health Association, Health Care for the Homeless, and the Behavioral Health Network. It uses blended funding resources from DMH, DTA, and other sources, and HOME housing resources from the City of Springfield.

REACH was created by Western Massachusetts Interagency Council on Homelessness, which is seeking to expand the program to stabilize 50 chronically homeless individuals and families throughout the Pioneer Valley and Berkshire County.

4. Increase Affordable Housing for Extremely Low Income Households

To decrease homelessness, we must **invest in affordable housing**—particularly housing that is affordable to our most at-risk neighbors, those whose incomes are at or below 30% of area median income. We must then target the units affordable to extremely low income households to those who are homeless or at risk of homelessness.

Equally critical to investment in affordable housing is housing investment **in the right areas**. Development of affordable housing in areas with high concentrations of poverty adds to social problems, rather than solving them. At the same time, development of affordable housing in places inaccessible to public transportation sets up tenants for failure. We must develop a plan to increase affordable housing in accessible locations not heavily impacted by poverty. We commit to develop such a plan and to work as a region to advocate with potential host towns to undertake such development. In order to meet our goal of increased production throughout the region, we will increase awareness of various models of affordable housing, particularly those types most suited to low-density areas; we will commit to educate the public about the need for such housing and the fact that it can boost surrounding property values; and we will set sub-regional numeric production goals.

Affordability in the existing housing stock can be attained through the use of **tenant-based subsidies**. We will advocate with federal and state governments for expansion of these critical programs and to improve these programs to make these resources usable throughout our region.

As we seek to expand resources, we also commit to **preserve our existing affordable housing stock**, especially those units threatened by expiring use restrictions or condemnation.



Strategies to Increase Affordable Housing

Indicators:

- Complete Regional Housing Market Assessment and set sub-regional targets for affordable housing production
- Increase number of units in region available to extremely-low-income households

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|--|---|-----------------|--------------------|---|
| Plan to meet the region's need for housing affordable to those with 30% or less of area median income | Produce a regional housing market assessment and strategy, with a plan to increase the region's housing available to very-low-income households by at least 300 units over 10 years; the plan should develop numbers of units to be developed in each sub-region of the Pioneer Valley | PVCEH, local governments, PVPC, private and non-profit developers, CDCs | Years 1-2 | \$50-75,000 | CDBG, CPA, foundations, corporate donations |
| | Prioritize development of deeply subsidized housing opportunities along public transportation corridors, primarily outside urban core areas | PVCEH, local governments, PVPC, private and non-profit developers, CDCs | Years 2-10 | No additional cost | N/A |
| | Seek support for regional housing plan and commitment to work toward plan goals from all regional municipalities | Mayors, PVCEH, local governments, Mass. Municipal Assoc. | Years 1-2 | No cost | N/A |
| | Target new units to homeless households or those at risk of homelessness | PVCEH, RCN, CDCs | Ongoing | No add'l cost | N/A |
| Build support for a variety of housing options throughout the region | Increase awareness throughout the region of the importance and benefits of affordable housing in all communities | Mayors, PVCEH, PVPC, WM AIA, faith communities | Year 2, ongoing | Limited | Foundations |
| | Create marketing booklet demonstrating affordable housing types, including photographs of local attractive types of affordable housing | PVCEH, local Governments, PVPC | Year 4 | \$20,000 | AIA, APA, foundations, corporate donations |

| | | | | | |
|-------------------------------------|---|---|-----------------|---------------|-------------------------|
| Support housing mobility | Work with housing authorities and government officials to advocate for increased Section 8 and MRVP rent levels | PVCEH, local governments, landlords, housing authorities | Year 1, ongoing | No local cost | N/A |
| | Advocate for increased Section 8 and MRVP | PVCEH, housing authorities | Ongoing | Unknown | HUD, DHCD |
| Preserve existing housing resources | Ensure that no affordable housing units are lost due to expiring use restrictions | PVCEH, local governments, landlords, financial institutions | Years 1-10 | Unknown | HUD, DHCD, CPA, CDBG |
| | Preserve housing at risk of foreclosure | PVCEH, local governments, financial institutions | Year 1 | Unknown | DHCD, local governments |

5. Increase Education, Employment & Assets

Households with extremely low incomes are at highest risk of homelessness, and low levels of education correlate with extremely low incomes. To have a long-term impact on rates of homelessness, we must focus on education and training at all levels.



The effort to enhance our community's educational level begins with **early childhood education**. Investment at the pre-school level is not only most beneficial to the long-term success of a child, but is also the most cost-effective time for intervention that ensures long-term success. We will advocate at the state level for universal, high-quality, early childhood education for all Massachusetts 3-, 4- and 5-year-olds.

At the next level, we must focus on keeping youth in school and on providing **vocational alternatives** for those unable to complete high school. For adults, we must make **educational opportunities** available, starting with Adult Basic Education, GED classes, literacy, and English as a Second Language, and continuing through vocational education, community college, and four-year college.

Among homeless individuals surveyed for this plan, **almost half of those who had been previously homeless reported that they got back into housing due to work and income**. Fifty-three percent of families and 46% of individuals reported that employment could have prevented them from becoming homeless.

The region's service providers, along with schools, colleges, career centers and private employers, must **elevate the importance of work and training for those who are homeless**. In order to stabilize housing, people who have been re-housed must be linked with longer-term, **career-based employment** services. Some individuals will benefit from supportive employment opportunities.

As we look to target available housing resources to those most in need, we will assist those no longer in need of subsidies to move on to **greater independence and asset-building**. Assisting households to move to homeownership accomplishes both of these goals. We will provide education, individual development accounts and first-time homebuyer programs to assist households to become homeowners. We will also work to build financial literacy among at risk households.

Strategies to Increase Education, Employment & Assets

Indicators:

- Increase number of homeless households with employment income
- Increase number of chronically homeless individuals with employment income

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|---|---|------------|--------------------|--|
| Ensure that at-risk and homeless households are able to access basic educational opportunity | Advocate for universal early childhood education for 3, 4 and 5 year olds | PVCEH, WM Interagency Council | Ongoing | Unknown | DOE, DEEC |
| | Advocate for and create programs that address school drop out prevention and reasons for drop out, including violence, teen pregnancy and substance abuse | PVCEH, WM Interagency Council, local governments, school committees, DOE, DPH, health clinics | Ongoing | Unknown | To be determined |
| | Advocate and create programming for increased availability of literacy, ABE, GED, ESOL | PVCEH, WM Interagency Council, | Ongoing | Unknown | DOL, DOE |
| Increase skill training among homeless and at-risk households | Target training opportunities to homeless and at-risk households | Community colleges, REBs | Ongoing | No additional cost | N/A |
| Increase level of employment among homeless and at-risk households, assisting at least 100 homeless and at-risk persons obtain employment each year | Improve links between mainstream employment services through education, outreach & training | PVCEH, CoC, REB, One-Stops, nonprofits | Years1-3 | Minimal | In-kind donations |
| | Provide job-readiness, "job-hardening," supportive employment, mentoring and case management as tools to move "hard-to-employ" people into employment | Nonprofits, REB, One Stops | Ongoing | Unknown | DOL, DMH, DPH, others to be determined |
| | Advocate for and create vocational training opportunities for youth unlikely to graduate due to inability to pass MCAS | PVCEH, WM Interagency Council, REB, vocational schools | Years 2-4 | Unknown | DOE, DOL |
| | Advocate for and create programs to increase education and skill training for 17-year-olds about to age out of DSS, DYS, DMH and independent living programs and foster homes | PVCEH, WM Interagency Council, nonprofits, vocational schools | Years 3-6 | Unknown | DSS, DYS, DMH |
| | Increase the availability of supportive employment options | DMH, DMR, nonprofits | Year 2 | Unknown | DMH, DMR, DOL, others |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|--|---|--------------------|----------------|-----------------------------------|
| Create employment options for homeless and at-risk persons | Recruit employers to provide employment opportunities for homeless and at-risk individuals, including youth, those coming out of corrections, and persons with mental illness, developmental disabilities, or in recovery from substance abuse | PVCEH, Nonprofits, employers | Year 2 | Unknown | DOC, DMH, DMR, DSS, DPH |
| | Increase opportunities to participate in the federal Homeless Veterans Reintegration Program (HVRP) and the Veterans Workforce Investment Program | VA, Soldier-On, Community Outreach Centers, One-Stop-Career Centers | Year 1, ongoing | Unknown | VA, DOL |
| | Consider creation of a social enterprise to provide employment and training to people who are homeless or at risk of homelessness | PVCEH, nonprofits | Year 4 | Unknown | To be determined |
| Address barriers that hinder homeless and at-risk persons from accessing employment | Explore work-specific transportation strategies, including van pools and off-hour options | PVTA, FRTA, REB, One Stops, employers, nonprofits | Ongoing | Unknown | To be determined |
| | Provide off-hour child care | Nonprofits | Ongoing | Unknown | DTA, DEEC, employers, foundations |
| | Explore use of the federal bonding program for employers hiring persons with criminal records | PVCEH, employers, One Stops, sheriffs | Year 3 | Unknown | DOC, others |
| Assist low-income households to increase assets | Use Individual Development Accounts, the Family Self-Sufficiency program, and volunteer tax assistance to assist low-income households to increase assets | Financial institutions, CAP agencies, nonprofits, housing authorities | Ongoing | Unknown | To be determined |
| | Advocate for state to initiate a family self-sufficiency program in state public housing | PVCEH | Year 2 and ongoing | Unknown | DHCD |
| | Increase homeownership through outreach, peer mentoring, use of Section 8 homeownership and first-time homebuyer programs | Housing authorities, nonprofits, CDCs | Ongoing | Unknown | DHCD, local governments |
| | Increase access to bank services for homeless and at-risk households | Financial institutions, nonprofits | Ongoing | Unknown | Financial institutions |

6. Make Supportive Services Available & Accessible

Homelessness is triggered by the loss of housing, but the loss of housing is usually precipitated by the presence of other risk factors. By the time individuals and families reach out for shelter, many have had long histories of interaction with other social service agencies and providers. Yet these agencies do not routinely or easily share information with each other to **create integrated service plans, maximize resources available to clients, and decrease housing instability that may lead to homelessness.**

Services can help individuals and families stabilize following a successful housing placement and provide the supports necessary to ensure that they are able to sustain their housing and access other community-based services. The majority of individuals and families who experience homelessness do not require permanent supportive housing (where supports are linked to the housing permanently), but benefit from intensive services available on a transitional basis before and after they move into housing.

We will work to create mechanisms to enable and ensure that agency case workers collaborate with colleagues at other agencies. This will help to avoid contradictory decisions and reduce duplicated efforts.

The size of our region dictates that we designate **sub-regional service areas in which providers will have regular contact.** Inter-agency interaction is enhanced through regular sub-regional meetings of groups serving the same population—for example, a “Teen Parent Network” which meets monthly.

We believe that the optimal model for provision of services and benefits is based on community health and wellness. In this model, services are universally available, instead of being made available based on narrow eligibility criteria. **Community-based case management** is available to “unaffiliated” individuals and families, facilitating the development of holistic service plans that build on clients’ strengths and minimize their frustrations. This model is particularly appropriate in neighborhoods of concentrated poverty, which the state has identified as hotspots for family homelessness.

Because so many service funding streams are administered at the state level, it is not possible to undertake this model in all communities of need without broad changes at the state level. Locally, we commit to one or more **pilot programs** using this approach.

Strategies to Make Supportive Services Available & Accessible

Indicators:

- Increase number of homeless people accessing mainstream services
- Increase length of stay among formerly homeless people living in supportive housing

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|--|---|--------------------|----------------|-------------------|
| Coordinate provision & referral of services | Use WM Interagency Council and RCN as overarching mechanisms to improve provisions of services and benefits across agencies | WM Interagency Council RCN | Year 1 and ongoing | No cost | N/A |
| | Use existing sub-regional CoCs and other networks to improve coordination among agencies in catchment areas throughout the region | CoCs, Franklin County Resource Network, North Quabbin Community Coalition, Hampshire Next Step Collaborative, Westfield Continuum | Year 2 and ongoing | No cost | N/A |
| | Use listservs and websites to provide regularly updated information about available services, benefits and programs | CoCs | Ongoing | No cost | N/A |
| | Create standard forms and protocols to facilitate exchange of information about individual clients | CoCs, HMIS Coordinator | Years 1-3 | No cost | N/A |
| | Advocate with state to allow information-sharing and to ease cross-referrals among state health and human service agencies | WM Interagency Council, HMIS Coordinator | Year 2 and ongoing | No local cost | N/A |
| | Co-locate agencies where possible to make medical, substance abuse, mental health & housing assistance easily accessible | State agencies, nonprofits | Unknown | Unknown | Unknown |
| | Consider new models for providing services and social support, including clubhouse and community support centers, especially in hotspots | State agencies, CoCs, nonprofits | Years 3-6 | Unknown | Unknown |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|--|---|---|------------|----------------|-------------------|
| Increase access to behavioral health services | Advocate for and create programs that provide treatment on demand, adequate length of stay for treatment, and sufficient aftercare alternatives | PVCEH, CoCs, detox, hospitals, health facilities | Years 1-6 | Unknown | DPH, SAMHSA |
| | Promote integrated treatment for mental illness and substance abuse | PVCEH, detox, hospitals, health facilities, nonprofits, consumers | Years 1-6 | Unknown | DPH, DMH, SAMHSA |
| | Explore treatment programming for individuals with chronic and long-term substance abuse | PVCEH, detox, hospitals, nonprofits | Years 4-8 | Unknown | DPH, DMH, SAMHSA |
| | Address gaps in substance abuse service components in rural/semi-rural counties (Franklin and Hampshire Counties). | WM Interagency Council, CoCs | Years 1-6 | Unknown | DPH, SAMHSA |
| Improve outreach and engagement for chronically homeless, in an effort to identify and move them toward supportive housing | Improve and expand engagement and assessment services regionally | CoCs, nonprofits | Years 2-5 | Unknown | DMH |
| | Consider damp/wet emergency shelter beds in parts of the region other than Springfield, in order to foster engagement in those other areas | CoCs, emergency shelter providers | Years 1-3 | No cost | N/A |
| Improve services for homeless and at-risk youth | Seek federal grants for targeted youth outreach, and drop-in location(s) | CoCs, youth providers | Years 2-5 | Unknown | HHS |
| | Advocate with Juvenile Court to conduct Court review of each DSS youth at age 16, to determine risk of homelessness and require independent living skills instruction for any at-risk youth | PVCEH, CoCs, youth providers, CASA, Juvenile Court | Years 2-3 | Unknown | To be determined |
| | Advocate with Probate Court to refer all DSS youth at risk of homelessness to CASA for advocacy regarding adequate instruction/counseling of independent living skills | PVCEH, CoCs, youth providers | Years 2-3 | Unknown | To be determined |

| Strategy | Action Steps | Partners | Time Frame | Projected Cost | Funding Source(s) |
|---|---|---|-----------------|----------------|-------------------|
| Improve services for veterans | Educate community providers on resources, assessment and early identification of at-risk veterans. | Soldier On, VA, Veterans Agents, Resource Ctrs. VEP | Ongoing | Limited | VA |
| | Promote collaboration among service providers, VA, veterans agents, and family of veterans' support programs, regionally and within sub-areas | Soldier On, VA, Veterans Agents, Resource Ctrs. VEP | Ongoing | No cost | N/A |
| | Identify targeted outreach, prevention, and family support strategies to young veterans, female veterans, and veterans with children. | Soldier On, VA, Veterans Agents, Resource Ctrs. VEP | Ongoing | Unknown | VA, others |
| Improve access to health care, dental care, and social services for homeless and at-risk households | Identify specific barriers to access and improve access by service in each sub-area | CoCs, service providers, WM Interagency Council | Years 1-5 | Unknown | Unknown |
| | Identify strategies with state/federal agencies to mitigate physical access issues to mainstream resources (DTA, SA services, etc.) for households in each sub-area | PVCEH, WM Interagency Council, CoCs | Years1-5 | Unknown | Unknown |
| | Ease transportation practices that function as barriers to health/services access to households | PVTA/GMTA, WM Interagency Council, CoCs | Years 3-6 | Unknown | Unknown |
| Increase access to income from public benefits | Improve access to Social Security benefits through SOAR, outreach, presumptive eligibility, Health Care for the homeless SSI evaluation, federal funding for SSI outreach, and a representative payee program | Nonprofits | Ongoing | Unknown | SSA |
| | Expand use of Virtual Gateway and use to screen for mainstream supports for which households are eligible | CoCs, providers | Year 2, ongoing | Unknown | DTA, foundations |

Appendix A: Participants

Leadership Council

Mayor Clare Higgins, City of Northampton, Co-chair

Mayor Michael Sullivan, City of Holyoke, Co-chair

Rev. Stanley Aksamit, Our Lady of Peace, Turner's Falls

Stuart Beckley, City of Easthampton

Natalie Blais, Office of Congressman John Olver

Sherie Bloomberg, Black Orchid

Tim Brennan, Pioneer Valley Planning Commission

Pat Byrnes, Massachusetts Non-Profit Housing Association

Leida Cartegena, Valley Opportunity Council

Christine Citino, UMass Donahue Institute

Richard Courchesne, Olde Holyoke Development Corp.

Donna Crabtree, Amherst Housing Authority

Paul Douglas, Franklin County Regional Housing &

Redevelopment Authority/Rural Development Inc.

Hank Drapalski, Center for Human Development

Doreen Fadus, Health Care for the Homeless

Heriberto Flores, New England Farm Workers Council

Mayor Christine Forgey, Greenfield

Peter Gagliardi, HAP

Maura Geary, United Way of Pioneer Valley

Mayor Ed Gibson, West Springfield

Alan Gilburg, United Way of Hampshire County

Hwei-Ling Greeney, Amherst Select Board

Jeff Harness, Cooley Dickinson Hospital/Center for Healthy
Communities

Margaret Jordan, Human Resources Unlimited

Peg Keller, City of Northampton

Ed Kennedy, Kennedy Ford Realty Group

Doug Kohl, Kohl Construction

Kim Lee, Square One

Ann Lentini, Domus, Inc

Jim Lynch, Chicopee Housing Authority

Rita Maccini, Holyoke Housing Authority

Gerry McCafferty, City of Springfield

Andrea Miller, ServiceNet

David Modzelewski, Department of Mental Health

Steve Meunier, Office of Senator John Kerry

Hank Porten, Holyoke Medical Center

Jerry Ray, Mental Health Association

Bill Rosen, Cardinal Strategies

Roy Rosenblatt, Town of Amherst

Tom Salter, New England Farmworkers Council

Jane Sanders, Community Action

Russell Sienkiewicz, Northampton Police Chief

Larry Shaffer, Amherst Town Manager

Susan Stubbs, ServiceNet

Sr. Kathleen Sullivan, Mercy Medical Center

Liz Sullivan, Department of Mental Health

Steve Trueman, Hampden Regional Employment Board

Rev. Carmen Vasquez-Andino, Church of Jesus Christ Agape
Ministries

Kim Wells, Holyoke Public Schools

Lisa Wyatt Ganson, Holyoke Community College

Linda Williams, Mental Health Association

Cheryl Zoll, Amherst Survival Center

Project Staff

Peg Keller, City of Northampton

Gerry McCafferty, City of Springfield

Andrea Miller, ServiceNet

Christina Quinby, Pioneer Valley Planning Project

Data & Evaluation Workgroup and Support

Andrea Miller, ServiceNet, Co-Chair

Jeff Harness, Western Mass Center for Healthy

Communities, Co-Chair

Jocelyn Ayer, Pioneer Valley Planning Commission

Justine Calcina, Pioneer Valley Planning Commission

Christine Citino, UMass Donahue Institute

Samalid Hogan, City of Springfield

Shaun Hayes, Pioneer Valley Planning Commission

Molly Jackson-Watts, Pioneer Valley Planning Commission

Jennifer Luddy, Community Action

Gerry McCafferty, City of Springfield

Bill Miller, Springfield Friends of the Homeless

Rebecca Muller, GrantsWork

Christina Quinby, Pioneer Valley Planning Commission.

Doug Tanner, Northeast Network for Child, Youth & Family Services

Marcia Webster, Consumer Quality Initiatives

Homelessness Prevention and Family Stabilization Workgroup

Synthia Scott Mitchell, SPCA, Co-Chair

Jane Banks, Jessie's House, Co-chair

Joni Beck Brewer, Square One

Tami Butler, Community Action

Steve Como, Soldier On

Andrea Fistner, Department of Transitional Assistance

Keith Hedlund, Center for Human Development

Marion Hohn, Western Massachusetts Legal Services

Nealon Jaynes Lewis, Springfield Public Schools

Rita Maccini, Holyoke Housing Authority

Gerry McCafferty, City of Springfield

Andrew Morehouse, Food Bank of Western Massachusetts

Mitch Moskal, City of Holyoke

Vickie Riddle, Catholic Charities

Laurie Rosario, Department of Youth Services

Tom Salter, New England Farm Workers Council

John Shirley Department of Transitional Assistance

Lauren Voyer, HAP

Kally Walsh, Committee for Public Council Services

Mainstream Services Workgroup

Rebecca Muller, Grantworks, Co-Chair

Roy Rosenblatt, Town of Amherst, Co-Chair

Jim Bastion, Zen PeaceMakers

Joni Beck-Brewer, Square One

Ben Cluff, Department of Public Health

Doreen Fadus, Mercy Medical Center

Sue Fortin, Department of Mental Health

Jim Keefe, Holyoke Medical Center

Kimberley Lee, Square One

Mark Maloni, Community Action

Sr. Kathleen Sullivan, Mercy Medical Center

Additional Input from:

Elaine Arsenault, Family Outreach of Amherst

Randa Nachbar, Amherst Family Center

Killeen Perras, WIC

Francine Ronriguez, Family Outreach of Amherst

Bill Simmons, Department of Social Service

Cheryl Zoll, Amherst Survival Center

Housing Workgroup

Joanne Campbell, Valley CDC, Co-Chair

Peg Keller, City of Northampton, Co-Chair

Jane Banks, Center for human Development

Jim Bastien, Zen Peacemakers

Pat Byrnes, Massachusetts Non-Profit Housing Association

Steve Como, Soldier On

Steve Connor, Veterans Agent, Hampshire County Services

Paul Douglas, Franklin County Regional Housing and
Redevelopment Authority/Rural Development, Inc.

Alan Gilburg, Hampshire County United Way

Nancy Gregg, Amherst Housing Partnership

Joanne Glier, Franklin County Regional Housing
Redevelopment Authority

Hwei-Ling Greeney, Amherst Select Board

Charlie Knight, Consumer Advocate

Doug Kohl, Kohl Construction

Fran Lemay, ServiceNet

Ann Lentini, Domus, Inc.

Tracey Levy, Amherst Survival Center

Jen Lucca, Samaritan Inn

Jim Lynch, Chicopee Housing Authority

Stanley Maron, Amherst Committee on Homelessness

David Modzelewski, Department of Mental Health

Mitch Moskal, City of Holyoke

Tom Salter, New England Farmworkers

Reikka Simula, Amherst Committee on Homelessness

Flo Stern, Amherst Housing Partnership

Melinda Thomas, Womanshelter Campañeros

Carol Walker, HAP

Rick Wilhite, ServiceNet

MaryAnne Woodbury, ServiceNet

Chronic Homelessness Workgroup

Dave Modzelewski, Department of Mental Health, Chair

Audrey Higbee, Center for Human Development

Sheree Bloomberg, Black Orchid, Northampton

Pam Brown, ServiceNet

Ben Cluff, Department of Public Health

John Cremins, Community Action

Lisa Downing, Forbes Library

Henry Drapalski, Center for Human Development

Seth Dunn, ServiceNet, Inc,

Yvonne Freccero, Northampton Friends of the Homeless

Margaret Jordan, Human Resources Unlimited

Jim Keefe, Holyoke Health

Ed Kennedy, Kennedy Ford Realty Group

Jay Levy, PATH Program

Hwei-Ling Greeney, Amherst Select Board

Stanley Maron, Town of Amherst

Ceil Moran, Clinical & Support Options

Janet Moulding, Forbes Library

Claudia Phillips, Health Care for the Homeless

Jerry Ray, Mental Health Association

Michael Schoenberg, Massachusetts Behavioral Health
Partnership

Laura Waskiewicz, Franklin County Sheriff's Department

Rick Wilhite, ServiceNet

Amy Winters, ServiceNet

Appendix B: Data Tables

Baseline Data: Numbers and Characteristics of Homeless Individuals and Families

Multiple strategies were used to estimate some of the figures in these tables. The intention is to define the problem so that we can plan interventions, but these figures may change slightly as we improve our capacity to collect and integrate data regionally (rather than shelter-to-shelter, town-by-town, county-by-county).

January 2007 Point-in-Time Count, Combined for Pioneer Valley Region Unsheltered and in shelter

| | 3 County | Springfield | Total |
|-------------------------------|----------|-------------|----------|
| Individuals | 163 | 259 | 422 |
| Families (HHs//people) | 131//493 | 62//183 | 193//676 |

January 2007 Point-in-Time Count, Combined for Pioneer Valley Region Unsheltered, in shelter, and in transitional housing

| | 3 County | Springfield | Total | Percent |
|-------------------------------|----------|-------------|----------|---------|
| Individuals | 417 | 405 | 822 | |
| Substance Abuse | 363 | 191 | 554 | 67% |
| Mental Health | 250 | 78 | 328 | 40% |
| HIV/AIDS | 2 | 12 | 14 | 2% |
| Domestic Violence | 88 | 18 | 106 | 13% |
| Young Adults 18-24 | 46 | 20 | 66 | 8% |
| Veterans | 188 | 42 | 230 | 28% |
| Families (HHs//people) | 156//547 | 116//324 | 272//871 | |
| Substance Abuse (HHs) | 17 | 8 | 25 | 9% |
| Mental Health (HHs) | 9 | 0 | 9 | 3% |
| Domestic Violence (HHs) | 51 | 56 | 107 | 39% |

| 2006 Annual Count, Individuals, Combined Pioneer Valley Region | | | | | |
|---|----------|------------------|-------|---|------------|
| | 3 County | Springfield* | Total | Adjusted Total, -15.5% [§] (to account for double-counting) | Percentage |
| Total Individuals | 1366 | 1430** | 2796 | 2435 | |
| Gender | | | | | |
| Women | 222 | 315 | 537 | 454 | 19% |
| Men | 1144 | 1115 | 2259 | 1981 | 81% |
| Race & Ethnicity | | | | | |
| African American or Black | 213 | 386 [†] | 995 | 506 | 21% |
| Non-Hispanic White | 918 | 501 [†] | 1419 | 1199 | 49% |
| Hispanic | 183 | 529 [†] | 712 | 600 | 25% |
| Other | 37 | 143 [†] | 180 | 152 | 6% |
| Subpopulations | | | | | |
| Young Adults 18-24 yrs | 135 | 200 | 335 | 283 | 12% |
| Veterans ¹ | 556 | 143 [†] | 699 | 663 | 28% |
| Substance Abuse ^{††} | 888 | 930 | 1818 | 1536 | 65% |
| Mental Health ^{††} | 683 | 715 | 1398 | 1181 | 50% |
| HIV/AIDS ^{††} | 27 | 29 | 56 | 47 | 2% |
| Domestic Violence ^{††} | 505 | 529 | 1034 | 874 | 37% |
| Chronic Homeless ² | 410 | 386 | 796 | 673 | 28% |
| ¹ The high proportion of veterans is due to the presence of the United Veterans of America (UVA) in Northampton MA, which provided shelter and housing in 2006 to 464 veterans originally from towns and cities throughout Western MA. ² HUD defines a chronic homeless person as an individual who has a disabling health or mental health condition and who has been homeless for a) 1 year or more, or b) at least four times in the previous 3 years. * Estimated, applying percentage of persons/households with this characteristic in the 3-County area (exclusive of the UVA). **Estimated, based upon 1320 individuals through October 2006, and FOH 2007 average of 55 new persons per month for November-December 2006. [†] Estimated, applying percentage of persons with this characteristic who stayed at Friends of the Homeless in 2006. ^{††} Estimate based on 2006 rate among a representative sample of shelter guests (n=510) [§] Based on 2006 rate of overlap between FOH and 3-County sites (exclusive of the UVA). | | | | | |

Families, 2006 Annual, Combined Pioneer Valley Region

| | 3 County | Springfield* | Total | Adjusted Total, -5% [§] (accounts for double-counting) | Percentage |
|--|----------|--------------|-------|--|------------|
| Families (HHs/people)¹ | | | | | |
| Number of families | 394 | 261 | 655 | 622 | |
| Number of people | 1174 | 809 | 1983 | 1884 | |
| Gender (HHs) | | | | | |
| Women | 360 | 238 | 598 | 568 | 91% |
| Men | 34 | 23 | 57 | 54 | 9% |
| Race & Ethnicity (HHs) | | | | | |
| African American or Black | 66 | 44 | 110 | 104 | 17% |
| American Indian, Alaska Native | 3 | 2 | 5 | 5 | 1% |
| Asian | 2 | 1 | 3 | 3 | 1% |
| Hispanic | 149 | 99 | 248 | 236 | 38% |
| Multiracial | 13 | 8 | 21 | 20 | 20% |
| Non-Hispanic White | 161 | 107 | 268 | 255 | 40% |
| Subpopulation (HHs) | | | | | |
| Young Adult (< 25 yrs) | 134 | 89 | 223 | 212 | 34% |
| Domestic Violence ² | 201 | 133 | 334 | 317 | 51% |

¹ HH= Head of Household

² The 2007 reauthorization of the Violence Against Women Act (VAWA) prohibits HUD-designated CoCs from collecting information about families staying in DV shelters, in order to protect their safety. More than 400 persons stayed in DV shelters in Greenfield, Northampton, and Holyoke in 2006 but they excluded from this data. There is a high rate of overlap between the DV shelters and non-DV family shelters, since many families leave DV shelters and enter non-DV shelters due to time limits imposed upon DV shelters. Similarly, many families fleeing domestic violence must stay initially in non-DV shelters due to the lack of available DV shelter beds.

* Estimated, applying percentage of persons/households with this characteristic in the 3-County area.

** Estimated, based upon a complete count through October 2006 (n=207), plus estimate of 44 families per year at YWCA DV shelter. Number of persons in families estimated at 3.1 persons per family, the average in the 3-county annual count.

[§] Based on 2006 proportion of families who moved between shelters within the 3-Cty region.

Regional Cost of Transporting Homeless Children, 2006-2007 School Year

| Franklin County/North Quabbin | | | Hampshire County | | | Hampden County | | |
|-------------------------------|-----------|-----------------|----------------------------------|-------------|--------------------|------------------------------------|-------------|------------------|
| School | # Youth | Cost | School | # Youth | Cost | School | # Youth | Cost |
| Athol/Royalston | 33 | \$23,947 | Amherst | 13 | \$ 7,500 | Chicopee | 95 | \$85,000 |
| Frontier | 4 | \$9,388 | Amherst-Pelham | 11 | \$17,262 | East Longmeadow | 2 | \$2,205 |
| Gateway | 8 | \$11,000 | Easthampton | | ** | Hampden-Wilbraham | 4 | \$1,200 |
| Gill-Montague | 5 | \$2,356 | Granby | 3 | \$656 | Holyoke | 1156 | \$353,736*** |
| Greenfield | 12 | \$25,156 | Hampshire | 2 | \$6,594 | Monson | 7 | \$1,591 |
| New Salem/Wendell | 1 | \$3,300 | Hatfield | 2 | \$1,160 | Palmer | 9 | \$27,242 |
| Pathfinder Voc | 1 | \$172 | Northampton | 37 | \$18,235 | Springfield | 1400 | \$270,000 |
| Quabbin | 6 | \$8,223 | Northampton-Smith | 13 | 0 | West Springfield | 178 | \$10,683 |
| Ralph Mahar | 11 | \$7,487 | Pioneer Valley | 1 | \$4,322 | Westfield | 43 | \$48,805 |
| | | | South Hadley | 26 | \$27,956 | | | |
| | | | Ware | 18 | \$14,151 | | | |
| TOTAL | 81 | \$91,029 | TOTAL | 126 | \$97,836 | TOTAL | 2894 | \$885,462 |
| Average Cost/Youth | | \$1,124 | Average Cost/Youth (114)* | | \$858 | Average Cost/Youth (1738)** | | \$306 |
| | | | 3-Counties | 3101 | \$1,104,327 | Average Cost/Youth (1933) | | \$388 |

*Cost calculated by youth with transportation costs

** Easthampton data excluded because not available

***Holyoke cost estimated, using number of homeless youth and average cost per youth.

Appendix C: Results From a Survey of Sheltered Individuals and Families in the Pioneer Valley

With the assistance of the Pioneer Valley Planning Commission and local shelter providers, 78 family head-of-householders and 40 individuals were surveyed during November-December 2007 in order to gather input for the Pioneer Valley regional plan. Most of the families were living in scattered shelter sites in Holyoke, MA and most individuals were living in shelters in Westfield, MA.

Some key findings:

- Families were more likely than individuals to experience homelessness due to housing-related crises such as buildings being condemned; individuals were more likely to experience homelessness due to an interaction of poverty with medical/ mental health problems and substance use.
- Families reported that financial assistance would have helped them avoid homelessness; individuals reported that mental health and substance use services would have helped them avoid homelessness, suggesting the need for treatment on demand.
- Most respondents indicated that they want to achieve long-term economic self-sufficiency through employment but that the biggest challenge related to homelessness was trying to find a job ~ followed by the challenge of living in emergency shelter.
- Families reported the need for child care and transportation, and they were more likely than individuals to report that they would like to live in a city; individuals were more likely to want to live in a small town.

Survey responses from individuals (n=40) and family head of households (n=78)

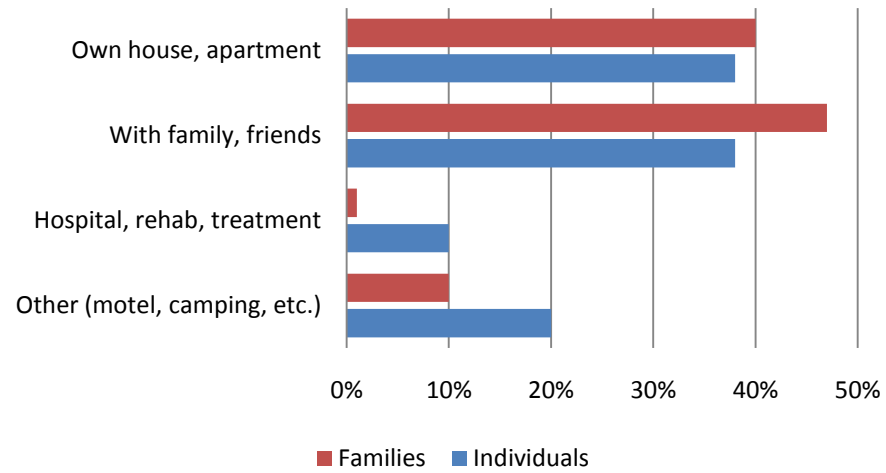
| | Individuals | Families |
|---|-------------|----------|
| <i>Housing and homelessness</i> | | |
| Current living situation | | |
| Greenfield emergency shelter or transitional housing | 8% | 4% |
| Holyoke emergency shelter or transitional housing | 8% | 77% |
| Springfield emergency shelter or transitional housing | -- | 19% |
| Westfield emergency shelter or transitional housing | 84% | -- |
| Living situation prior to entering shelter | | |
| Own apartment, house | 38% | 40% |
| With family, friends | 38% | 47% |
| Hospital, treatment setting, jail | 10% | 1% |
| Other (e.g., motel room, shelter, camping) | 14% | 12% |
| Circumstances related to loss of housing | | |
| Couldn't afford rent or mortgage | 25% | 39% |
| Health, disability, mental health, substance use | 35% | 13% |
| Unemployment | 33% | 5% |
| Domestic violence | 2% | 15% |
| Illegally doubled up (in public housing) | 2% | 14% |
| Health or safety code violations/ building condemned | 2% | 13% |
| Other | 1% | 1% |

| | Individuals | Families |
|--|-------------|----------|
| <i>Housing and homelessness, continued</i> | | |
| Previous episode(s) of homelessness | | |
| None | 56% | 76% |
| One | 18% | 8% |
| Two to three | 21% | 12% |
| Four or more | 5% | 4% |
| Biggest challenge related to homelessness* | | |
| Finding a job | 42% | 72% |
| Living in a shelter | 45% | 55% |
| Obtaining services | 34% | -- |
| Finding transportation | -- | 54% |
| Preferred living situation* | | |
| My own apartment | 73% | 92% |
| My own apartment with occasional supportive services | 40% | 49% |
| In a city | -- | 35% |
| In a small town | 30% | -- |
| Biggest obstacle related to preferred living situation* | | |
| Insufficient income | 28% | 49% |
| Lack of employment and/or education | 19% | 17% |
| Waiting lists | -- | 8% |
| Housing policies (related to credit, rental history, CORI) | -- | 8% |
| Transportation | -- | -- |
| Health, disability, mental health, substance use | 19% | -- |
| Community ties (Born or raised/ Children raised) | | |
| Eastern or Central MA | 7% | 27% |
| Western MA | 60% | 54% |
| Out of state – CT, NY | 22% | 2% |
| Out of state - Puerto Rico | 3% | 12% |
| Out of state - Other | 10% | 5% |
| Family is nearby | 55% | 47% |

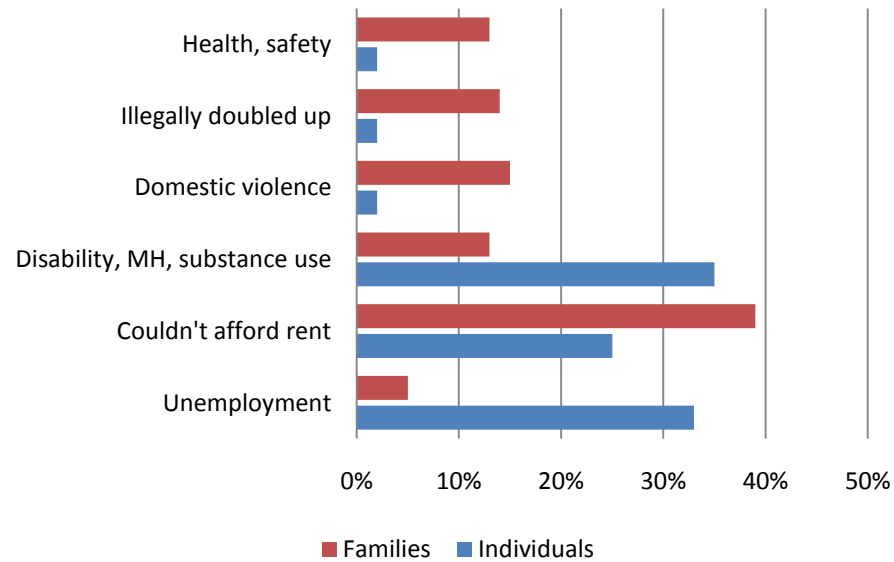
| | Individuals | Families |
|--|-------------|----------|
| Resources, services, support | | |
| Services or situation that would have prevented homelessness* | | |
| Employment | 46% | 53% |
| Financial assistance, food stamps | 23% | 72% |
| Counseling or treatment, medical care | 57% | -- |
| Support from family, friends | -- | 43% |
| If previously homeless, factors that helped change the situation* | | |
| Work, income or savings | 44% | 33% |
| Services available through shelter | -- | 22% |
| Affordable housing | -- | 17% |
| Housing subsidy | 6% | 17% |
| Counseling or treatment, medical care | 25% | -- |
| Services that are currently being received | | |
| Food stamps | 46% | 96% |
| Financial assistance (AFDC / TANF) | 3% | 82% |
| Social security income | 38% | 22% |
| Veteran's benefits | 5% | -- |
| Medical care | 51% | 56% |
| Dental care | 16% | 26% |
| Mental health counseling | 30% | 35% |
| Alcohol or drug use counseling | 30% | 10% |
| Child care | -- | 23% |
| Faith-based support | 16% | 15% |
| Support from family, friends | 30% | 15% |
| Job training | 5% | 17% |
| Most important services of those being received* | | |
| Financial assistance, food stamps | 32% | 57% |
| Counseling or treatment, medical care | 53% | 19% |
| Job training | 9% | -- |
| Support from family, friends | -- | 6% |
| Most important services needed to maintain housing* | | |
| Financial assistance, food stamps | 59% | 100% |
| Counseling or treatment, medical care | 65% | -- |
| Employment opportunity | 41% | 45% |
| Childcare | -- | 29% |

**Items consist of ranked choices or open-ended question; top 3 responses reported; percentage can exceed 100%.*

Before becoming homeless, I/ my family was staying...



My/ our housing was lost due to...



Appendix D: Shelter and housing resources in region

Hampden County

Emergency Shelter: Individuals

| | |
|---|---|
| Safe Havens/MHA, Springfield | 6 beds, mentally ill, referral required |
| Safety Zone/CHD, Springfield | 2 beds, youth |
| Samaritan Inn, Westfield | 37 beds |
| Taylor Street/Springfield Rescue Mission, Springfield | 36 men |
| Worthington Street Shelter/Friends of the Homeless, Springfield | 103 men, 30 women; 30 seasonal |

Emergency Shelter: Families

| | |
|--|--|
| Broderick House/Providence Ministries, Holyoke | 15 families, DTA referral required |
| Family Place Shelter, NEFWC, Holyoke | 61 families, DTA referral required |
| Jefferson Avenue Shelter /Open Pantry, Springfield | 9 families, DTA referral required |
| Main Street Shelter, VOC, Holyoke | 11 families, DTA referral required |
| New Horizon Shelter/MLKCC, Springfield | 4 families, DTA referral required |
| Our Place, New England Farmworkers, Holyoke | 25 families, DTA referral required |
| Prospect House/HAP, Springfield | 9 families, DTA referral required |
| Scattered site, New England Farmworkers, Holyoke & Springfield | 46 families, DTA referral required |
| Womenshelter Campañeros, Holyoke | 5 women & their children, domestic violence |
| YWCA, Springfield | 48 women & their children, domestic violence |

Transitional Housing

| | |
|---|--|
| Annie's House/MCDI, Springfield | 16 women |
| Arbor House/Cooley Dickinson Hospital, Holyoke | 25 individuals, sober |
| Bliss Street, Springfield Rescue Mission, Springfield | 40 men, sober |
| Families First/MCDI, Springfield | 12 families, referral required |
| GARP/Gandara, Springfield | 10 men & women, substance abuse, referral required |
| Jorge O. Barreto Transitional Home, Springfield | 10 veterans |
| The Kendall Sober House, Springfield | 20 men and women, referral required |
| Loreto House/Providence Ministries, Holyoke | 20 men |
| Majestic House/MCDI, Springfield | 8 men, sober |
| My Sister's House/Baystate, Springfield | 20 women, substance abuse |
| New Horizons/MLKCC, Springfield | 15 families |
| Opportunity House/Baystate, Springfield | 38 men, substance abuse |
| Rutledge House/Open Pantry, Springfield | 6 women, sober, referral required |
| Safe Step/HAP, Holyoke | 12 families |
| SafeStep/HAP, Springfield | 15 families |

Samaritan Inn Transitional Housing, Westfield
Springfield Housing Authority, Springfield
Teen Living Program/Open Pantry, Springfield

10 individuals
15 families, DTA referral required
6 teen mothers & their children, DSS referral required

Permanent Housing

Leahy House/MHA, Westfield
The Meadows Apts./Domus, Inc., Westfield
Next Step/HRU, Westfield
Next Step/HRU, Springfield
Rainville Apts./Home City Housing, Springfield
Reed House/Domus, Inc., Westfield
REACH/CSPECH Program/MHA, Springfield
Recovery Home/NES, Springfield
River Valley Counseling Center, Springfield
River Valley Counseling Center, Holyoke
Project-Based Subsidies for Chronically Homeless/SHA, Springfield
Shelter + Care/MHA, Springfield
Tranquility House/Open Pantry, Springfield
Worthington House/Friends of the Homeless, Springfield

6 individuals
8 individuals
10 individuals
12 individuals
52 SROs
9 individuals
24 subsidies, chronically homeless individuals
18 men & women
17 families, 24 individuals, HIV/AIDS, referral required
6 men, HIV/AIDS, referral required
20 individuals, 8 families
38 subsidies + supportive services, referral required
6 women, sober
78 SROs and enhanced SROs

Hampshire County

Emergency Shelter: Individuals

Grove Street Inn/ServiceNet, Northampton
Friends of the Homeless/ServiceNet, Northampton
Northampton Friends of the Homeless, Easthampton satellite
UVA Homeless Shelter/Soldier On, Northampton

20 beds
21 beds, seasonal
6 beds, seasonal
30 beds, veterans

Emergency Shelter: Families

Jessie's House/CHD, Amherst & South Hadley
Safe Passage, Northampton

18 families, DTA referral required
5 families, domestic violence

Transitional Housing

Beacon Recovery Programs, Greenfield
Dwight Clinton/Her, Inc. Holyoke
Grace House/CHD, Northampton
Hairston House/Cooley Dickinson Hospital, Northampton
Soldier On Transitional Housing, Northampton
Wright House/SMOC, Easthampton

13 men, 13 women, sober
20 families
9 families
14 individuals, sober
125 veterans, sober
16 individuals

Permanent Housing

| | |
|---|------------------|
| Florence Inn/ServiceNet, Northampton | 14 individuals |
| Go West SRO/Valley CDC, Northampton | 7 individuals |
| Hawley St, ServiceNet, Northampton | 5 individuals |
| Paradise Pond/HAP, Northampton | 4 families |
| Shelter + Care North, MHA, Greenfield & surrounding | 22 individuals |
| Valley Inn/ServiceNet, Northampton | 14 individuals |
| Vets Village/Soldier On, Northampton | 13 individuals |
| Vikings Landing/SMOC, Easthampton | 19 men, veterans |

Franklin County***Emergency Shelter: Individuals***

| | |
|---|---------|
| Franklin County Emergency Shelter/ServiceNet, Turners Falls | 20 beds |
|---|---------|

Emergency Shelter: Families

| | |
|--|-----------------------------------|
| Athol-Orange Inn/ServiceNet, Orange | 6 families, DTA referral required |
| Greenfield Family Inn/ServiceNet, Greenfield | 6 families, DTA referral required |

Transitional Housing

| | |
|--|----------------|
| Community Action/YMCA, Greenfield | 6 young men |
| Dial/Self, Greenfield | 4 youth |
| Ferron House, ServiceNet, Greenfield & Turners Falls | 13 individuals |
| Hawley St, ServiceNet, Northampton | 5 individuals |
| School Street/ServiceNet, Greenfield | 5 individuals |
| Silver Street Inn/ServiceNet, Greenfield | 10 individuals |

Permanent Housing

| | |
|---|----------------|
| Permanent Supportive Housing/ServiceNet, | 9 individuals |
| Moltenbrey SRO/Franklin County Regional Housing Authority | 25 individuals |